

Medical Errors - The Third Killer?

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Despite considerable advancement in science and technology and the tremendous efforts made by scientists during the recent decades, humankind around the globe still faces marked challenges. Such challenges may not only distort peoples' prosperity and happiness but interfere with their healthy lifespan. With no doubt, we can still see people suffering from minor problems that have led to significant complications. Moreover, problems such as poverty, nutritional deprivation, and hunger are major causes of death in many parts of the world. The famine that had disappeared for quite a time was recently announced by the United Nations agencies to be threatening individual countries such as Sudan, Somalia, and Yemen¹. Moreover, various environmental factors interact affecting peoples' health. Such element includes, nevertheless, the acceleration in global warming, difficulty in safe energy production that is environmentally-friendly, war and refugee problems which are supershadowed by considerable turbulence in the economic markets across the globe.

During the past decade, scientists were challenged with the widespread prevalence of communicable disease that killed many people. However, that was confined with modernisation, cleanliness, and advancement in medicine. But again, now humanity is faced with other threats that endanger life and induces major complications leading to disabili-

ties. Not only the non-communicable disease that is prevailing in all nations regardless their income, such as hypertension with its remarkable prevalence of 35%², diabetes mellitus that is considered by the World Health Organization (WHO) to be the 7th leading cause of mortality in 2030³, but it is the issue of 'Medical Error', which is the 3rd leading cause of death after heart diseases and cancer, that either we are unaware of or try to ignore⁴. Medical error is defined as a preventable adverse effect of medical care whether or not evident or harmful to the patient.

According to a recent study that was published in the Journal of Patient Safety, it is estimated that in the USA, between 210,000 and 440,000 patients suffer from medical errors that lead to death⁵. Although the majority of such errors happen in secondary and tertiary care, primary care does not remain spared. A review of 11 studies conducted in the primary health care settings found that the rates of medical errors ranged between 5 and 80 errors per 100,000 visits^{6,7} (with an average of 3.7 per 100,000 clinic visits)⁸. The World Health Organization has also estimated that millions of people suffer injuries directly attributable to medical care⁹. However, the most surprising finding is that between 60% to 83% of all identified errors could be considered to be preventable¹⁰. Having said that, difficulties in doctor-patient communication was reported in several studies as an important cause of the error^{11,12} that nearly all were preventable. Reports indicate that 50% of all medical errors in the primary health care were associated with communication difficulties and most doctors realise it, but they fail to admit it; a denial that leads to negative

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emotion, subsequent personal distress, sense of guilt and disappointment¹³.

On an average, each doctor conducts 150,000 consultations during a life span, and more than 80% of it is spent in communication. Without proper communication, the health system would not work, while improving communication between health providers could reduce patient injuries from medical errors by 30%¹⁴. It is well-documented that more than 80% of the clinical diagnoses are usually reached by proper communication, i.e. adequate history taking. Patients' effective communication and decision-making and open relationships with their health care providers are central to the construct of quality health care.

Facing such a problem is a complex and a challenging issue due to the multiplicity of the inter-relating factors. Even if the physician reads 5 to 6 articles per day, he would still be five years behind of scientific development by the end of the year. Although, basic research which has no other purpose than to answer relevant questions, targeted training programs are needed to improve the doctors' communication skills. Hence, changing attitudes requires patience, hard work, consciousness, and dedication, since teachable and trained communication behaviours are associated with fewer malpractice claims for primary care physicians¹⁵.

When we do this, progress will come, society will be happier, our patients will be safer and healthier, and we would be more satisfied with our jobs.

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